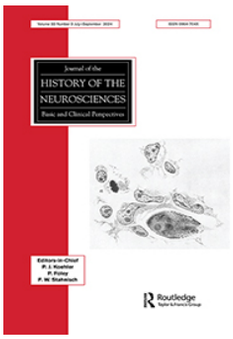

Routledge
Taylor & Francis Group

Journal of the History of the Neurosciences
Basic and Clinical Perspectives

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/njhn20

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To cite this article: Natasha Ruiz-Gómez (26 Aug 2024): Remarkable things: Visual evidence and excess at Charcot's Salpêtrière, Journal of the History of the Neurosciences, DOI: 10.1080/0964704X.2024.2370745

To link to this article: https://doi.org/10.1080/0964704X.2024.2370745

Published online: 26 Aug 2024.

JOURNAL OF THE HISTORY OF THE NEUROSCIENCES
https://doi.org/10.1080/0964704X.2024.2370745

Remarkable things: Visual evidence and excess at Charcot's Salpêtrière

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ABSTRACT

Dr. Jean-Martin Charcot (1825–1893) pioneered the use of visual aids in his lectures at the Hôpital de la Salpêtrière. He deployed photographs, casts, diagrams, graphs, drawings, lantern slides, and even patients to help the audience understand his innovative diagnoses, but that same visual imagery also informed his own conceptualizations of pathology. Charcot, whom Sigmund Freud famously called a "*visuel*," made drawings of his patients and their autopsied organs while also encouraging the art-making of his many collaborators and protégés at the Salpêtrière in the last quarter of the nineteenth century. Their "scientific artworks" epitomize the entanglement of art and medical science at the hospital. This article examines the role of visual media in diagnosing pathology under Charcot's aegis, bringing to light images and objects that catalogue the case of Ambroise Bourdy. Here was a perfect example of the male hysteric, according to Charcot: a "robust" blacksmith and father who developed a hysterical contracture after a workplace injury. In 1882, Charcot's Salpêtrière colleagues—including Dr. Henri Parinaud, Dr. Paul Richer, Louis Loreau, and Albert Londe—tested Bourdy's eyes, made drawings and a cast of his contracted left hand, and photographed him in various poses. The surfeit of visual imagery of Bourdy purports to illustrate traumatic hysteria—however, it more effectively, if unintentionally, reveals a delight in art-making at the Salpêtrière.

KEYWORDS

Jean-Martin Charcot; Paul Richer; Salpêtrière Hospital; hysteria; Albert Londe; scientific artworks

Ambroise Bourdy became an object of fascination for the neurologists at the Hôpital de la Salpêtrière in 1882 (see Figure 1). On June 26, the 34-year-old blacksmith was seriously burned when a white-hot iron brushed his left hand and arm. The burn was not deep but took six weeks to heal. By the time Bourdy's injury came to the attention of the head of the Salpêtrière's medical service, Dr Jean-Martin Charcot (1825–1893), it had left a purple scar that extended about 12 cm from the back of his hand to his lower arm. The "remarkable thing" (*chose remarquable*) about Bourdy, according to Charcot (1890, 117), was not the burn; it was the contracture of his left hand that developed gradually after the incident. Although the accident itself did not seem to have aroused "too much emotion" (*trop d'émotion*), a few days later Bourdy's arm felt heavy, and he had trouble moving his fingers (Charcot 1890, 117). On August 16, he started feeling pain in his arm; in the days that followed, his fingers shaped themselves

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Figure 1. *Bourdy. Contracture hystérique*. Page from an album of the Musée Charcot. Private collection. Photograph courtesy of the Galerie Baudoin Lebon, Paris.

into a fist that turned inward and upward, which persisted even in sleep. For the clinicians of the Salpêtrière School, the import of Bourdy's contracture lay in the fact that Charcot diagnosed him as a hysteric: "Hysteria can thus develop in men!" (Charcot 1890, 114).[1]

With Bourdy's case, Charcot was able to take full advantage of the hospital's sophisticated facilities, which he had played a significant role in establishing: the photography and casting studio and the ophthalmology laboratory. Moreover, his collaborator, *chef du laboratoire*, and artist-in-residence—Dr. Paul Richer (1849–1933)—also took Bourdy as a model and sketched his contracted left hand. Those illustrations would be used in his own and others' works for years to come, and they would eventually make their way to the École des beaux-arts, arguably the most important fine arts school in the Western world at the time, where Richer would take up the post of professor of anatomy in the early twentieth century. In this article, I excavate the case of Ambroise Bourdy—a humble blacksmith whose traumatic injury led him to plead desperately for amputation (Batault 1885; Charcot 1890)—as a case study for the fundamental role of visual imagery at the Salpêtrière. What kind of information did the Salpêtrière School glean from various media—casting, photography, and drawing? What role did visual representations play in confirming Bourdy's hysteria?

A "robust" blacksmith

As is now well known, as a young man Charcot was forced by his father, an artisan who built and repaired carriages, to decide between his two passions of medicine and art as a career (Gilles de la Tourette 1893). And although he chose the former and would eventually become one of the founders of modern neurology, Charcot maintained a love of art throughout his life and nurtured the same in the many clinicians who came to work with him at the Salpêtrière, a hospital founded in the seventeenth century to house the female indigent and ill population of Paris. Sigmund Freud (1856–1939), who studied with Charcot from October 1885 to February 1886, famously called him a *visuel* ([1893] 1962, 12), recognizing the fundamental importance of the visual in his practice. Moreover, Charcot designed art with his family and curated the spaces of both his home and the hospital (Ruiz-Gómez 2024; Silverman 1989). As his student Henry Meige noted in an important essay entitled "Charcot artiste," in a sentiment about his home that could apply just as well to the curated spaces of the Salpêtrière: "No frame could have been better harmonized with Charcot's personality" (1898a, 498).[2]

It should not come as a surprise, then, that in the late 1870s Charcot requested funds from the Assistance Publique for an amphitheater and a museum of pathological anatomy, which would be "very elegantly decorated" ("Hospice de la Salpêtrière" 1879, 913), as well as a photography and casting studio and a consulting room for ophthalmology.[3] In this way, as Charcot himself noted, "this great and noble asylum of human miseries" would become "a veritable pathological Institute" ("Hospice de la Salpêtrière" 1879, 913).[4] Using these tools he could study the hospital's female population, many of whom had been patients there for decades, allowing him to use the anatomo-clinical method to correlate signs of disease

[1] "*L'hystérie peut donc se développer chez l'homme!*"
[2] "*Nul cadre n'était plus apte à s'harmoniser avec la personnalité de Charcot.*"
[3] "*très élégamment décoré.*"
[4] "*ce grand et noble asile des misères humaines*"; "*un véritable Institut pathologique.*"

studied during life to lesions discovered in autopsies. Significantly, in 1882, he also opened a ward for male patients in the hospital's infirmary.

Just at this time, Ambroise Bourdy was brought into the spotlight at the Salpêtrière, serving as a guinea pig for the new facilities at the hospital and as a case study for the existence of male hysteria, to which Charcot turned his attention in 1878 and about which he published until his death in 1893 (Micale 2008). Here was a perfect candidate: a "robust" male patient, father of four, without signs of inherited degeneracy or "any feminine attributes" (Charcot 1890, 117),[5] who would help with Charcot's "attempt to masculinize the traditionally 'feminine' diagnosis of hysteria" (Micale 2008, 124). The contracture of Bourdy's hand persisted even in sleep, meaning that it was neither faked nor imagined, making it "a perfectly legitimate pathological attitude" (Charcot 1890, 120).[6]

Bourdy had a *forme frustre* of hysteria, as he did not suffer from attacks or show any "psychic modification" (Charcot 1890, 120).[7] In an article in the *Progrès médical* (1883), Charcot seems particularly stymied by the fact that he had been unable to locate any personal or hereditary antecedents of nervous disease that might have caused Bourdy's malady, leading him to conclude that it was produced by his patient's traumatic burn. Émile Batault, in his *Contribution a l'étude de l'hystérie chez l'homme* (1885, 51–52), clarified that "trauma is sometimes followed by hysterical symptoms that are localized in a limb." He cited Bourdy as a "perfect case of this kind." Batault continued, "This case is very interesting, because we no longer have to invoke the influence of a brain shock. The very nature of the trauma probably determined here the mode of appearance, in stages, of the contracture."[8] The diagnosis of so-called traumatic hysteria was based in part on the fact that the hysterical symptoms did not immediately follow the physical injury but developed later, as well as on the disproportionate relationship between those symptoms and that injury. As historian Mark Micale argued in *Hysterical Men* (2008, 141), "the mental experiencing of the traumatic episode, the emotional and ideational accompaniment to the event, carries a pathogenic charge and leads to the development of the disorder." Importantly, Charcot hypothesized that it was the "*suddenness* of the accident, rather than its strength" that led to the hysterical symptom (Micale 2001, 127, emphasis in the original).

A work-related accident caused Bourdy's hysteria, as was the case with the majority of Charcot's male hysterics (Micale 2008). Whereas hysteria in women tended to develop from an intense emotional experience, in men it resulted from a physical trauma, according to Charcot (Micale 2008). The persistence of Bourdy's symptoms was also consistent with Charcot's theorization of male hysteria: "In the male, . . . the malady often presents itself as an affliction remarkable for the permanence and tenacity of the symptoms that characterize it" (1890, 252).[9] As scholars have noted (Micale 1995, 2001, 2008; Ouerd 1984), Charcot and the Salpêtrière School diagnosed hysteria principally in men from the working class, rather

[5] "*sans aucun attribut du féminisme.*"
[6] "*une attitude pathologique parfaitement légitime.*"
[7] "*modification psychique.*"
[8] "*[l]e traumatisme est quelquefois suivi de symptômes hystériques qui se localisent dans un membre ou dans une articulation*"; "*beau cas de ce genre*"; and "*Ce cas est fort intéressant, car nous n'avons plus à invoquer l'influence de l'ébranlement cérébral. La nature même du traumatisme a probablement déterminé ici le mode d'apparition, par étapes, de la contracture.*"
[9] "*Chez le mâle, . . . la maladie se présente souvent comme une affection remarquable par la permanence et la ténacité des symptômes qui la caractérisent.*"

than their more "effete" brethren from the upper classes. This was an ideological strategy intended to counteract the long-standing link between hysteria and the female/feminine; Ouerd (1984, 23) commented that Charcot often compared working- and upper-class men because it "allow[ed] him to bring into play this 'virility' [of the laborer] … against the fragile masculinity that haunt[ed] fashionable salons, in order to better substantiate the existence of his male hysteria."[10]

This can also be linked to the political and cultural focus on manliness and masculinity that resulted from France's defeat in the Franco-Prussian War of 1870–1871, which focused the blame on feminized men and their subsequent role in a declining birthrate. The promotion of sports like boxing and wrestling and the rise of the physical culture (or bodybuilding) movement were attempts to recast an emasculated French population in health (Brauer 2005a, 2005b; Callen 2003, 2008, 2018; Garb 1998). Like the rural peasantry of France, which was often idealized and characterized as noble—including by Richer himself in his fine art practice (Hallé 2023; Ruiz-Gómez 2024)—the humble artisan or worker was seen as fundamental to a healthy body politic. Charcot's own father, of course, had come from that class, and Ouerd notes that the male hysterics he studied in the 1880s were more artisans than laborers (1984). At times, Charcot publicly expressed sympathy for the patients who had sustained work-related injuries and once even referred to traumatic hysteria as "mason's and locksmith's hysteria" (as quoted in Micale 2001, 121). Ouerd (1984, 26–27) argues,

> To describe as hysterical … those who, like these traumatized workers, can no longer practice their profession, is to attempt to assign a place for them in society, an inferior place certainly, but where they would play the role of witness to a deplorable world from which we could, by naming it, protect ourselves.[11]

This could therefore have been a further ideological function in highlighting patients like Bourdy, even if Charcot was unaware of the filial influence.

Laboratories of pathology

Bourdy's field of vision was measured in the Salpêtrière's ophthalmology lab, which Charcot characterized in the third volume of his *Oeuvres complètes* as "a necessary complement to a neuropathological laboratory" (as quoted in Goetz, Bonduelle, and Gelfand 1995, 139). Charcot noted in his lesson on Bourdy: "on both sides [the visual field] is narrowed, but especially on the left; the visual field for colors is narrowed proportionally, but the concentric circles which represent the field for each color have preserved their relationships and their reciprocal proportions" (1890, 120).[12] The source of this description is a hasty sketch with notes, recently discovered in the Charcot archives (Figure 2).[13] It is dated

[10] *"lui permet de faire jouer cette 'virilité' … face à la fragile masculinité qui hante les salons à la mode, afin de mieux accréditer l'existence de son hystérie masculine."*

[11] *"Qualifier d'hystériques … ceux qui, comme ces ouvriers traumatisés, ne peuvent plus exercer leur métier, c'est tenter de leur assigner une place dans la société, place inférieure certes, mais où ils joueraient le rôle de témoins d'un monde déplorable dont on pourrait, en le nommant, se protéger."*

[12] *"une mensuration régulière du champ visuel: des deux côtés il est rétréci, mais surtout à gauche; le champ visuel pour les couleurs est rétréci en proportion, mais les cercles concentriques qui représentent le champ pour chaque couleur ont conservé leurs relations et leurs proportions réciproques."*

[13] I am especially grateful to Océane Valencia of the Bibliothèque de Sorbonne Université, who facilitated access to the archives of the Bibliothèque Charcot under especially challenging circumstances.

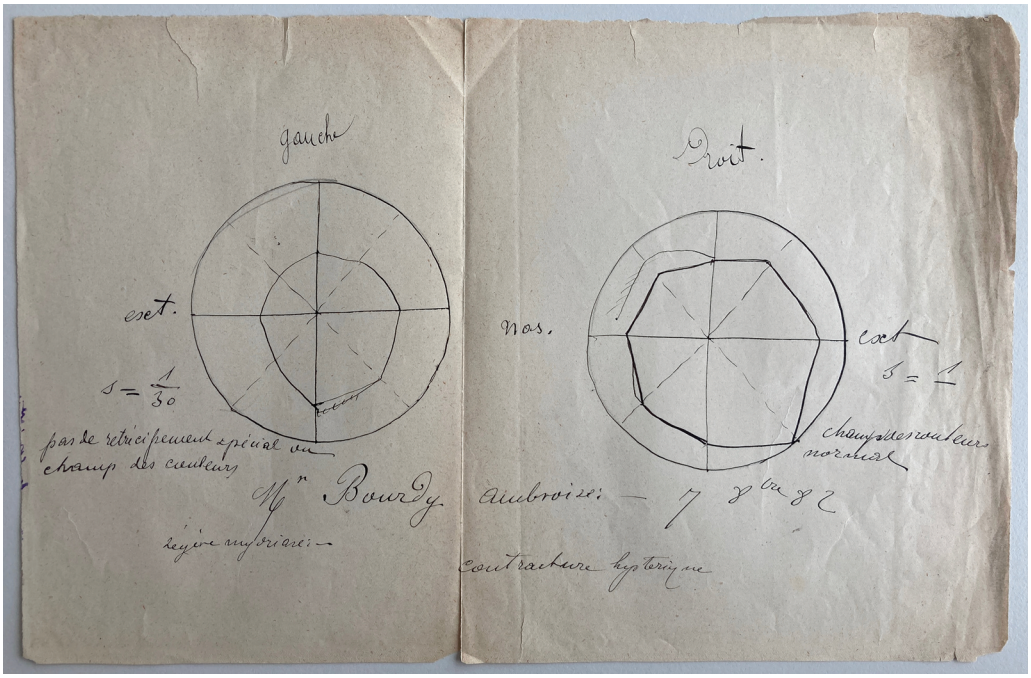

Figure 2. *M. Bourdy Ambroise. Contracture hystérique*. Box CHA_088. Paris, Bibliothèque Charcot. Courtesy of the Bibliothèque Charcot, Bibliothèque de Sorbonne Université. Author's photograph.

August 7, 1882 and may have been made by Dr. Henri Parinaud (1844–1905), the head of the ophthalmology lab. Bourdy's *full* name and diagnosis are spelled out at the bottom of the image, while his visual field is schematically sketched in two circles with notations made to the left and right; underneath the rendering of the field of vision of his left eye, the text iterates: "no special narrowing in the color field."[14] An illustration that accompanies Charcot's lesson (Charcot 1890, 121, Figure 22) transcribes the findings, confirming Bourdy's sensory "hemianaesthesia," "that stigmata that almost certainly characterizes the hysterical state" (Charcot 1890, 115).[15] The narrowing of the visual field was, for Charcot, a verifiable symptom of hysteria, irrefutable proof that the disorder was not fabricated.

Bourdy was also taken to the Salpêtrière's casting studio, which was led at the time by Louis Loreau (1846–1907), about whom almost nothing is known (Figure 3). Charcot mentioned him in 1879 when thanking the Assistance Publique for the so-called Musée Charcot "to which is annexed a casting studio, directed by a skilled artist" ("Hospice de la Salpêtrière" 1879, 913).[16] By 1881, the Assistance Publique was moved to give Loreau a salary and an allowance for expenses incurred as modeler and photographer at the hospital because of the "good results" achieved by the casting studio (as quoted in Tilles 1995, 70, note 195; see also Ruiz-Gómez 2024).[17]

[14] "*pas de retrécissement [sic] spécial en champ des couleurs.*"
[15] "*ce stigmate qui caractérise à peu près sûrement l'état hystérique.*"
[16] "*auquel est annexé un atelier de moulage, dirigé par un artiste habile.*"
[17] "*bons résultats.*"

Figure 3. *Bourdy contracture hystérique*. Moulage anatomique en plâtre, October 1882. Inv. AP.2001.0.4.4.15, Paris, Musée de l'Assistance Publique-Hôpitaux de Paris. Photo © AP-HP/musée – F. Marin.

The Salpêtrière, like other hospitals at the time, cast bodies and body parts that illustrated the various illnesses seen in its wards. The plaster feet and hands served their didactic purpose as simulacra of and proxies for the absent patients. They were exhibited at the museum and were also used performatively as teaching aids in Charcot's amphitheater, where he could use them to compare symptoms of different ailments or of the same ailment. Furthermore, these cast fragments also recalled the sculptures found in the artist's atelier and the art gallery. Medical historian Samuel Alberti argues, "human remains in anatomy museums mirrored architectural and statuary remains elsewhere. … [D]ismembered body parts had classical equivalents in the fragments of statuary and classical ruins that flooded Northern European galleries from Italy and Greece" (2011, 72). The amputation Bourdy sought was figuratively achieved in the cast of his contracted hand. It has a metal ring at the flat end so that it could be hung and studied, like the cast heads and body parts in Adolph Menzel's *The Studio Wall* (1872, Hamburg, Kunsthalle) or some of Auguste Rodin's sculpted hands (Ruiz-Gómez 2021). Given his artistic interests, Charcot would no doubt have been gratified by this comparison.

Georges Didi-Huberman echoed critics from Charcot's day who compared the Salpêtrière's patients with sculpture, characterizing the cast as a kind of "statue of living pain. … It was so easy, indeed, … to mix up some plaster and coat limbs knotted with pain, so easy to let the plaster dry and end up with a lovely cast of the least pores and folds, the folds of the hysterical attack itself!" (2003, 124). But the stiff plaster cast of Bourdy's hand does not register the pain that he experienced, which was both physical and psychological. The published case notes mention that he dealt with "extremely sharp pains" from the contracture, made worse by "the penetration of fingernails into the

flesh" (Charcot 1890, 123).[18] In asking for the amputation of the affected limb "rather than endure his pain any longer" (Charcot 1890, 123), Bourdy was obviously at the end of his tether. And yet, after an intervention with a magnet that changed the sensitivity of Bourdy's hand, the attending clinician, Maurice Debove, decided not to proceed further: Charcot told his audience that Debove stopped "for fear of changing too profoundly a situation that he knew I wanted you to witness" (Charcot 1890, 122).[19] This recalls the critique of British teaching hospitals, written the same year that Charcot was exhibiting Bourdy at the Salpêtrière, that a suffering patient was "not merely what she was often called, 'teaching material'[,] … but a sentient, suffering, agonised, human creature" (as quoted in Bourke 2012, 433). Charcot's disturbing comment makes it clear that his needs took precedence over the amelioration of the patient's pain.

Photographic portraits

The most comprehensive visual presentation of Bourdy's case is in an album from the Musée Charcot, which features drawings of his hand by Paul Richer accompanied by photographs of the patient (see Figure 1). Written above and below are the patient's name and diagnosis (*Contracture hystérique*). Several of these large albums from the Salpêtrière's museum of pathological anatomy survive. In them, accomplished drawings and enigmatic photographs appear alongside more "objective" graphs and diagrams to represent the pathologies seen at the hospital (Ruiz-Gómez 2019, 2024, 2025).[20] Populated and collated by the Salpêtrière School, they contain a disparate array of images pasted onto faded, stained, and sometimes damaged blue pages with very little explanatory text—only some of them have captions indicating diagnoses, patient names, or references to medical articles that reveal more details about particular cases. Early drawings by Charcot are pasted alongside images by others made decades later, suggesting that these albums were "living" documents that could be amended or updated by the Salpêtrière School as necessary.

As in the case of Bourdy, the albums took advantage of the hospital's new photography studio. Following the departure of Paul Regnard—who took the photographs in the well-known *Iconographie photographique de la Salpêtrière* (Paris, 1876–1880)—Loreau became its head. Not coincidentally, the same studio was responsible for both photographs and casts during Loreau's time at the Salpêtrière (Bernard and Gunthert 1993); both indexical media —the cast and the photograph—were thought to "reproduce" reality. By indexicality, I mean of course that it is a direct transcription, made "naturally," without human intervention (a simple example of an indexical trace is a footprint in the sand). Both the casting process and the photographic process—light bouncing off an object, captured by chemicals on a glass plate—were thought to be equally indexical.

[18] "*souffrances extrêment vives*"; "*la pénétration des ongles dans les chairs*."

[19] "*dans la crainte de modifier trop profondément une situation dont il savait que je désirais vous rendre témoins*." For a discussion of the use of metals in Charcot's practice, see Walusinski (2017).

[20] Most of these albums are in the *couronne* format, which is approximately 37 × 47 cm ("*Couronne*" 2024); according to Duyckaerts, this was a format typically used by artists in the nineteenth century (2021). The album page with Bourdy is in a private collection; my thanks to the Galerie Baudoin Lebon, and especially Cécilia Cauville, for their invaluable assistance in reproducing the page. Other pages of this album are illustrated in Micale (2008) and in Ruiz-Gómez (2025). Bouchara (2013) illustrated the same album page as Micale on the cover of her book and on page 68 but stated erroneously that it comes from Batault's *Contribution a l'étude de l'hystérie chez l'homme* (1885); Batault illustrated some of the individual photographs (rather than the whole album page), but they were heavily retouched. There are many albums in the collection of the Musée de l'Assistance Publique—Hôpitaux de Paris, which are discussed in Ruiz-Gómez (2019, 2024).

In 1882, Charcot hired the young "chemist" Albert Londe (1858–1917), who became director of the photography studio two years later, upon Loreau's departure (Londe 1899). It is unclear if the photographs of Bourdy were taken by Loreau or Londe, who would become an important theoretician and practitioner of photography, as well as an inventor of cameras (Bernard and Gunthert 1993). Londe later wrote extensively about the use of photography in medicine. In his most important work on the subject, *La Photographie médicale, application aux sciences médicales et physiologiques* (1893), he predicted that photography studios would soon be obligatory in all medical facilities. Londe would go on to maintain a state-of-the-art studio at the Salpêtrière, where props such as gongs could be used to freeze a hypnotized hysteric in easily photographed poses, and a camera he invented could document an entire hysterical attack in a series of chronophotographs (Londe 1883). In 1888, Londe co-founded the *Nouvelle Iconographie de la Salpêtrière*, published between 1888 and 1918, with Paul Richer and Georges Gilles de la Tourette (1857–1904).

The photographs of Bourdy on the album page lack the clarity that Londe would eventually bring to medical photography, which included developing a simple stand on which to put deformed or pained limbs (Londe 1893). The two photographs of Bourdy's hand especially display what Londe would later criticize: "[I]t is very rare to see good prints of hands, because one does not know how to place them conveniently for both the patient and the photograph" (1893, 79).[21] In these photographs, Bourdy lays his contracted fist on top of an upholstered and tasseled piece of furniture that recalls the prie-dieux found in the consulting rooms at Charcot's home on the Left Bank, described sardonically by his former pupil Léon Daudet who wrote of "the ataxics and melancholics squeaking on the baroque prie-dieu from the thirteenth century" (1915, 11).[22] These pieces of furniture, consisting of a lower surface for kneeling or sitting and a narrow upright front topped with a flat surface that could be used for prayer or for reading, were also to be found in fashionable photography studios—the celebrated Nadar (1820–1910) had one, on which the painter Édouard Manet (1832–1883) sat for his portrait in 1866 (Paris, Bibliothèque Nationale de France). The photographs of Bourdy thus both participate in and challenge the conventions of the portrait studio, "neither fully refuting nor embracing them" (Sidlauskas 2018), the injured limb uncomfortably posed on the stylish furniture that seems out of place in a hospital setting. This was not unusual at the Salpêtrière: other photographs show umbrellas or croquet bats propping up unsteady patients (Goetz, Bonduelle, and Gelfand 1995; Ruiz-Gómez 2024), while the Musée Charcot had bespoke sculptural decorations by the contemporary artist Henry Cros (1840–1907) (Ruiz-Gómez 2024).

In another photograph, on the top left of the album page, Bourdy stands with a nude torso, presumably to furnish an unimpeded view of his pronated arm, the wrist bent so that the palm faces upward. Medical photography facilitated "a setting in which close scrutiny by men of the male body was authorised," to quote Anthea Callen (2018, 143). As Londe would later recommend in his book on medical photography, Bourdy here stands against a dark gray background (1893). And although his chest appears somewhat overexposed, we can clearly see the outline of his shoulders and arms against the streaked and uneven shade of the curtain behind him, its curved bottom edge signaling its softness. Bourdy's contracted hand, meanwhile, rests against his baggy trousers, whose wrinkles act as a perpendicular

[21] *"il est très rare de voir de bonnes épreuves de mains, car on ne sait comment les placer commodément à la fois pour le malade et pour la reproduction."*
[22] *"Les ataxiques et les mélancoliques grinçaient sur des prie-Dieu [sic] baroques du treizième siècle."*

counterpoint to the perspectival lines of the wood-paneled floor. His intimidating look and the inadvertent fist made by his contracture add a menacing tone to the image, with the patient seeming ready to strike. His fierce facial expression and aggressive stance contrast with the fact that he acquiesces to having his photograph taken, suggesting "both resistance and complicity" (Rawling 2021, 257). At the same time, as Londe insisted, "It is essential to capture the patient in his true attitude and not to immobilize him in a position that may not be natural" (1893, 66).[23] And whereas Bourdy appears to be standing "naturally" in this photograph, he poses awkwardly in a fourth one.

In the portrait on the top right of this album page, Bourdy cocks his head to look past his raised left arm. Here we catch a glimpse of the "purple" scar on his forearm, which emerges from and is framed by a white sleeve, all rendered in shades of gray in the black-and-white photograph. Bourdy raises his arm for witnessing, supporting it with his right hand; it is at the center of the photograph and framed by the dark empty space around the figure. His head in the background seems almost dislocated from his body, cloaked in an oversized jacket that makes him appear somewhat hapless. He looks quizzically at the camera, making a point of gazing at the photographer behind the lens. "Staring . . . is an intense visual exchange that makes meaning," Rosemarie Garland-Thomson has written, "recast[ing] starees as subjects not objects" (2009, 9, 11). Bourdy actively engaged with the clinicians who re-presented him and participated in the creation of those images. He had some kind of power in those relationships, though it was clearly unbalanced. These are compelling photographs: "Both the operator and the operated inhabit this quivering print, and by contagion, inhabit us" (Autexier and Braunschweig 1984). The agency visible in these indexical traces of Bourdy's presence before the camera makes it clear that he was not a medical specimen but a subject (Sidlauskas 2018).

Scientific artworks

In his "Dialogues sur l'art et la science," a series of articles published in *La Nouvelle Revue* in 1897, Richer wrote about the disadvantages of the photograph in comparison to the artist's sketch:

> Despite his best efforts, the photographer will always be inferior to the illustrator. The objective is merciless. While reducing, it ignores nothing. In the photograph, nature appears, so to speak, diminished, shrunk, whereas in a drawing of the same size, it retains or even expands the character of grandeur with which it is really endowed. (1897a, 241)[24]

The album page highlights this comparison and Richer's perceived advantages of drawing over photography. The central row of images are two drawings by Richer of Bourdy's hand. The one above, dated November 21, 1882, singles out Bourdy's hand and forearm, creating a striking image in which the wrist is at the very center. Writing occupies the bottom quarter of the page, the words accommodating the edges of the pronated fist. Upon close inspection, it is clear that this is actually *not* a drawing by Richer, but a photograph *of* a drawing, as the text at the bottom is obscured by the clips that held the drawing in place while it was being photographed (Figure 4).

[23] *"Il est indispensable de saisir le malade dans son attitude vraie et il ne faut pas l'immobiliser dans une position qui peut ne pas être naturelle."*

[24] *"malgré tous ses efforts, le photographe restera toujours inférieur à l'illustrateur. . . . L'objectif . . . est impitoyable. Tout en réduisant, il ne négligera rien. . . . Sur la photographie, la nature se trouve pour ainsi dire diminuée, rapetissée, tandis que, sur un dessin de même format, elle conservera ou même verra s'accroître le caractère de grandeur dont elle est réellement revêtue."*

Figure 4. Paul Richer, *Bourdy (Ambroise, forgeron, 34 ans)—la main est violacée*. Inv. Morpho 18b, Paris, École nationale supérieure des beaux-arts. Photo © Beaux-arts de Paris, Dist. RMN-Grand Palais/image Beaux-arts de Paris.

The drawing, in pen and brown ink and much larger than the photographic reproduction on the album page, is in the collection of the École des beaux-arts, where Richer would become professor of anatomy in 1903 after a quarter century at the Salpêtrière.

Richer's notes on the drawing indicate that

> The hand is purplish [*violacée*]—. Sensitive to pricking—. The contracture is very strong and becomes very painful if one tries to change the position of the fingers and the hand. The flexor muscles of the anterior aspect of the forearm are not immobile. We see them under the skin forming protrusions that last a few moments, but disappear.[25]

The drawing thus becomes an "observation," both illustration and case notes. Charcot's lesson repeats the findings, including the fact that the hand was "purplish"—this detail obfuscated by the achromatic media used at the Salpêtrière, as well as being difficult for Richer to ascertain, as he was color-blind (Souques 1933). Only text could clearly expose this visual trace of Bourdy's trauma.

There is a further twist, however. The most highly detailed drawing of Bourdy's hand and lower arm is located in an album of the Musée Charcot, now owned by the Musée de l'Assistance Publique—Hôpitaux de Paris (Figure 5). *This* fine pen-and-ink study appears to be the *original* drawing by Richer of Bourdy's hysterical contracture. The version at the École des beaux-arts seems to be a copy—Richer would often make copies of his own drawings, sometimes with the help of tracing paper (Comar 2008; Ruiz-Gómez 2024, 2026). The hatchmarks capture the contours of the arm from just above the elbow to the fist, and especially of the wrist, and they clearly outline the knuckle of the tensed thumb. The implied aggression in this fist concretizes the lack of "feminine" attributes in this male patient, whose surname is written clearly on the bottom of the page. This is the only version of the drawing that includes the bulging palmaris longus muscle, under which the median nerve lies—the nerve "most in play" (*surtout en jeu*) in Bourdy's contracture, according to Charcot (1890, 118). Not only has it been emphasized by the dark hatchmarks on either side but it has also been starkly delineated using the unlined white of the paper to form a crisp straight line. Borrowing the concept of the "reserve" from watercolor, which refers to an area of background color or material support left visible (Simms 1999), Richer created a presence in this drawing through absence.

Charcot's lesson on Bourdy in the *Progrès médical* (1883, 81, Figure 7) and in the *Oeuvres complètes* (1890, 118, Figure 21) re-used this illustration, turned sideways so that Bourdy's arm seems to reach out horizontally.[26] It appears yet again in the tome that Richer published in 1892 on hysterical contractures and paralysis, alongside two other drawings of a contracted hand in which the wrist is not bent (Figure 6)—Richer tells us only that the positions of the thumb and the wrist vary in hands experiencing a hysterical contracture (1892). A photograph of these two drawings is included at the bottom of the album page, but it is not made clear that they depict Bourdy (see Figure 1). The drawings themselves, however (also in the collection of the École des beaux-arts), include his name, along with

[25] *"La main est violacée—. Sensible à la piqûre—. La contracture est très forte et devient très douloureuse si l'on essaye de modifier l'attitude des doigts et de la main. Les muscles fléchiss[eurs] de la face ant[érieure] de l'av[ant]-bras ne sont pas immobiles. On les voit sous la peau formant des saillies qui [vivent?] q[uel]q[ues] instants, mais disparaissent. Contraction lente."*

[26] Bourdy's case is briefly mentioned in Goetz et al., which inadvertently includes the illustration of a contracted *right* hand that must belong to a patient other than Bourdy. Goetz, Bonduelle, and Gelfand (1995, 204, Figures 6–6a).

Figure 5. Paul Richer, *Ambroise Bourdy*, dessin dans album relié, November 21, 1882. Inv. AP 2003.7.2.1, Musée de l'Assistance publique – Hôpitaux de Paris. © AP-HP/musée. Author's photograph.

a profusion of handwritten case notes that nearly overhelms the images (see Comar 2008, 386, cat. no. 313).

In his "Dialogues," Richer attempts to explicate the power of the sketch:

> If we seek . . . to analyse the impression produced by the sight of the sketch, we shall see that it enjoys the privilege of leaving it to the imagination of the spectator to complete it. And the imagination completes it far better than the most skillful artist could. . . . The work of the artist, reduced, so to speak, to the state of a sign, awakens in our mind the whole collection of memories that we carry within us relating to the subject represented, and with which our imagination

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Lorsque le membre est intéressé dans sa totalité, l'attitude la plus fréquente est celle de la flexion qui est représentée (fig. 9). Enfin l'extension de l'avant-bras peut coïncider avec des attitudes variées du poignet (fig. 31).

Membre inférieur. — Localisée au pied, la contracture revêt la forme du « pied bot hystérique », sur lequel nous avons déjà insisté et dont les figures 20, 21 nous offrent des types classiques.

Le plus fréquemment l'attitude est celle du pied bot équin varus avec flexion exagérée des orteils, et torsion de tout le pied de dedans en dehors suivant son axe transversal (fig. 19). Mais il existe quelques variétés : la flexion des orteils manque, l'équinisme est direct (fig. 20). Enfin le talus peut remplacer l'équin, la pointe de pied est

Fig. 17. — Contracture hystérique.

Fig. 18. — Contracture hystérique de la main et du poignet.

très relevée, et la malade porte exclusivement sur le talon. Cette forme est rare : nous en avons observé un remarquable exemple (fig. 12). Dans ce cas, la contracture siégeait également au genou et à la hanche.

Lorsque la contracture a envahi tout le membre inférieur,

Figure 6. Paul Richer, *Paralysies et contractures hystériques* (Paris, 1892, 157). Public Domain Mark. Source: Wellcome Collection. https://wellcomecollection.org/works/uf4wpjs9.

> constructs a new work, so that what our retina perceives was only the opportunity and the pretext. The work of art, in this case, is not made by the artist, but by the viewer.[27] (1897a, 232)

Richer's mention here of the "retina" recalls the words of his contemporary, astronomer Pierre Janssen, who wrote that the photographic plate was the "retina of the scientist, but a retina much superior to the human eye; because, on the one hand, it keeps the trace of the phenomenon that it has perceived and, on the other, in certain cases, it sees even more" (as quoted in Londe 1888, 8). But Richer instead suggests that the sketch is "superior" to the photograph—and thus the imagination to the "eye"—because it permits the beholder to

[27] *"Si nous cherchons . . . à analyser l'impression produite par la vue de l'esquisse, nous verrons qu'elle jouit de ce privilège de laisser à l'imagination du spectateur le soin de l'achever. Et l'imagination la complète bien mieux que l'artiste le plus habile le pourrait faire. . . . L'oeuvre de l'artiste, réduite pour ainsi dire à l'état de signe, réveille, dans notre esprit, toute la masse des souvenirs que nous portons en nous relatifs au sujet représenté et avec lesquels notre imagination construit une oeuvre nouvelle dont celle que perçoit notre rétine, n'a été que l'occasion et le prétexte. L'oeuvre d'art, dans ce cas, ce n'est pas l'artiste qui la fait, c'est le spectateur."*

complete the artwork. His drawings of Bourdy's hand similarly force the viewer to "complete" the work, by imagining the patient with traumatic hysteria. Perhaps this is analogous to the work of Charcot and his collaborators, who diagnosed illness using visual cues that were unintelligible to the untrained eye. Whereas the photographs also on the album page reveal both extraneous details and the patient's agency, the drawings by Richer zoom in on the symptom. Unlike the well-known photographs of female hysterics, which depict the proliferation of attitudes their bodies took during an attack, Bourdy's hysteria was concentrated in this one inarticulate limb, which was the focus of Charcot and the Salpêtrière School's attention and their visual imagery.

Remarkable things

Bourdy's case prompted the clinicians of the Salpêtrière to create a surfeit of visual representations. If we focus specifically on the visible symptom of his hysterical trauma —the contracted left hand—we have the cast and the photographs, as well as the artistic renderings by Paul Richer, which may have been taken as equally "objective," as they were created by a *savant-artiste* who prided himself on creating "scientific artworks" (Meige 1898b, 136; see also Ruiz-Gómez 2024). For both Richer and Charcot, science and art were two sides of the same coin (Charcot and Richer 1889)—or, put differently, "two different manifestations of the same principle: Truth" (Richer 1897b, 450). Yet what information do these images add to Charcot's observation? Were they more "truthful" or revelatory of the hysterical contracture, of Bourdy's trauma, or of male hysteria itself?

Ambroise Bourdy's illness was indeed *remarquable*, to return to Charcot's comment with which I started this article. This word, which emerges in the sixteenth century, derives from *marquer* (to mark) (*Remarquable* 2004). In the 1878 edition of the *Dictionnaire de l'Académie française*, we find several definitions of the verb *marquer* that are apposite to Bourdy's case: "To make a mark, an impression on any part of the body, by contusion, wound, burn, etc."; "To leave traces, vestiges"; "To fix, to determine, to assign"; "To instruct, to indicate, to make known, either by word of mouth or in writing" (174). The scar that resulted from the burn Bourdy suffered not only made a mark on his skin, but it also left its trace in his contracture; Charcot's diagnosis marked Bourdy as a hysteric, while his and others' observations of the patient promulgated the existence and unexceptional—or unremarkable—nature of male hysteria. One final definition of *marquer* is worth noting: *témoigner*," which can mean both "to show" and "to attest to" (*Marquer* 1878, 174). The literal traces of Bourdy in the cast and the photographs and the marks made of Bourdy's visual field and by Richer's pen also bear witness to his ailment and confirm the nosographic category of male hysteria. These all emerge from the mark of Bourdy's trauma—originally the purple scar and later the contracture—that was the "remarkable thing" that led to the creation of imagery made by the Salpêtrière School.

That imagery, I hope to have shown, reveals "unexpected aspirations towards the aesthetic" (Sidlauskas 2018) and points to the pleasure in the making of visual representations that was at the heart of the sophisticated production of the Salpêtrière School. There is no clinical, or even logical, explanation for this excess

of imagery. Instead, it bespeaks a desire for and a delight in images and image-making by the clinicians whose artistic talents were nurtured by Charcot. Bourdy's life was made remarkable through Charcot's intervention and diagnosis. We do not know if it was remarkable for other reasons, though we do know that he was "cured": at the start of 1883, Charcot exhibited Bourdy in a lesson shortly after a successful operation to elongate his median nerve, which ameliorated his pain and eliminated the contracture. Unfortunately, the complete extension of his fingers proved impossible and his hand was paralyzed (Charcot 1890). Presumably, Bourdy's career as a blacksmith was over, and we will likely never know how, or even if, he was able to support his family in subsequent years. This is an ambivalent "happy ending" for one of Charcot's patients, as many of them did not recover from their neurological illnesses.

We, in fact, know little about the lives of the other patients diagnosed and treated by Charcot and the Salpêtrière School, who, like Bourdy, also left their mark in texts, photographs, drawings, casts, and sculptural representations. Their engagement with these clinicians—however equivocal or unbalanced—facilitated the innovative diagnoses that led to the founding of modern neurology (Ruiz-Gómez 2024). The fact that many of their symptoms, like Bourdy's, manifested literally on the surface of their bodies and through their attitudes may have led Charcot to focus on them in the first place. As Achille Souques, who did his residency at the Salpêtrière, contemplated 100 years ago: "One may wonder whether the physical deformations, so visible and so common in nervous diseases, had not directed his studies towards this favored branch of pathology" (Souques 1925, 697).

Coda: Richer's *Blacksmith*

Perhaps due in part to his study of the sick laboring body at the Salpêtrière, Paul Richer began crafting sculptures of working-class men for the Paris Salon, which was then the most prestigious art exhibition in Europe, within a decade of Charcot exhibiting Bourdy at the Salpêtrière (Hallé 2023; Richer 1929; Ruiz-Gómez 2024; Walusinski 2023). These sculptures mostly represent peasant laborers, such as lumberjacks, harvesters, and sowers. Significantly, he submitted the sculpture of a blacksmith to the Salon of 1894 (Hallé 2023; see Figure 7).[28] The blacksmith was, of course, a worker who transcended both urban and rural spaces, whose brute physicality was a necessary accompaninent to a hard-earned skill practiced in dangerous working conditions. Richer's sculpture highlights the powerful muscles of the blacksmith's naked torso, tensed in the act of forging. While the right arm deals a hammer blow to the blade on the anvil, the left arm holds the tongs that keep it in place. The veins on the left hand and the taut muscles of the left arm bulge in exertion.

The figure of the blacksmith also takes center stage in Richer's later *Monument to Labor* (1920–1930, Chartres, Musée des beaux-arts), which consists of five workers toiling around an anvil, each depicted in a different stage of hammering in what might be described as a cinematic sculpture (Hallé 2023).[29] This artwork was an amalgamation of Richer's studies

[28]In Richer's autobiography (undated), written several decades later, he stated that he submitted *Blacksmith* to the Salon in 1892.

[29]Several sculptors created designs for a monument to labor at the turn of the last century, including Jules Dalou (1838–1902) and Auguste Rodin (1840–1917); see Eschelbacher (2014).

Figure 7. Paul Richer, *Blacksmith (Forgeron)*, 1894. Bronze, h. 78, w. 33, d. 26 cm. Private collection OW with permission.

of anatomy and of movement, which interested him while at the Salpêtrière and at the École des beaux-arts (e.g., Richer 1890, 1895, 1902, 1906–1929).[30] The settings of the hospital, the Salon, and the art school all sanctioned gazing upon nude or seminude working-class male bodies (Callen 2018). As art historian Michael Hatt has argued, "class difference gave the bourgeois the licence to look" at male nudity (2003, 26). One important distinction, however, was that the virile and heroic laboring bodies of fine art served as a foil to the

[30]The 1921 volume of Richer's *Nouvelle Anatomie artistique* details the body in movement and contains chronophotographs (photographs showing actions over time) taken by Albert Londe of a nude model. It includes five pages of plates—comprising 75 photographs—depicting the actions of the blacksmith from different angles and using different hammering techniques (58–62). No other occupation is given more attention. Callen notes that these photographs were taken in ca. 1892–1894 (Callen 2018), which is when Richer would have been engaged with crafting his sculpture of a blacksmith.

disabled male bodies studied by Charcot, Richer, and their collaborators. Yet they were, like Bourdy, only one accident away from being potential patients at the Salpêtrière.

Acknowledgments

My thanks to the editors of this special issue for including my contribution and especially to Mark Micale and Bruno Dubois for their productive feedback. I am grateful to Agnès Virole and Alexane Pasquier at the Musée de l'Assistance Publique—Hôpitaux de Paris, Océane Valencia of the Bibliothéque de Sorbonne Université, Cécilia Cauville of the Galerie Baudoin Lebon, and Olivier Walusinski, MD, for their help in securing images. I also need to give a special thanks, as always, to Tania Cleaves, Keren Hammerschlag, and Raffi Yegparian for listening, advising, reading, and editing. All translations are my own unless otherwise indicated.

Disclosure statement

No potential conflict of interest was reported by the author.

Funding

The author reported there is no funding associated with the work featured in this article.

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